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|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 | | Application Number | 09/877,006-Conf. #1713 |
| | | Filing Date | June 11, 2001 |
| | | First Named Inventor | Takeshi MIO |
| | | Examiner Name | J. A. Fletcher |
| | | Art Unit | 2621 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 500.00 |
| | | Attorney Docket No. | 0054-0235P |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---|--------------|-----------------------|---------------|---------------------------|
| _____ | _____ | _____ x _____ = _____ | _____ | Fee (\$) |
| HP = highest number of total claims paid for. If greater than 20 | | | | Fee Paid (\$) |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | |
| _____ | _____ | _____ x _____ = _____ | _____ | |
| HP = highest number of independent claims paid for. If greater than 3 | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 _____ (round up to a whole number) x _____ = _____ | | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1401 Notice of appeal | 500.00 |

| | | | |
|---------------------|--|-----------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | <i>Penny Caudle</i> Reg. # <i>46,607</i> | Registration No. (Attorney/Agent) | 29,680 |
| Name (Print/Type) | Michael W. Mutter | Telephone | (703) 205-8000 |
| | | Date | December 11, 2006 |